

# **Utah Department of Agriculture and Food Weed Control Grant Guidelines**

**Purpose:** Funds may be used for the support and development of noxious weed management programs which include:

- **Prevention/Education**
- **Early Detection Rapid Response**
- **Control and Management**
- **Restoration**

**Requirement:** Project area must have at least 10% forest cover or be lands with weed infestations adjacent to or associated with forest lands and pose a threat to the forested lands.

**Size of Available Grants:** \$1,000 to \$10,000

**Deadline for Grant Proposal:** Postmarked November 1, 2004

**Eligible Applicants:** Counties, CWMAs, Weed Boards, Indian Tribes

**Matching Requirements:** Applicant 66%/UDAF 34%

No federal funds may be used to meet matching requirements.

Match can be met with cash or non-cash contributions valued per Utah standards.

**Reporting Requirements:** Treatment acres will be reported annually.

Early detection and rapid response projects must be reported by the acre.

Quarterly and Annual Financial Reports must be submitted.

**Funds may be requested on a reimbursement basis, during the first week of each quarter (January, April, July, or September)**

# **Project Proposal**

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**Name of Applicant**

**Steering Committee (List Members)**

**Date:**

**By: Name of Chairman**

**Administering Agency (County, RC&D Council, Tribe)**

# Application

Date:

Name of Applicant:

Contact Name:

Phone:

Email:

Address:

Name of Financial Management Organization (if different than applicant):

Contact Name:

Phone:

Email:

Address:

Federal I.D. Number:

Which of the four purposes does this project support?

☐ Prevention/Education

☐ Early Detection Rapid Response

☐ Control and Management

☐ Restoration

## Estimated Summary of All Costs and Contributions

Item	UDAF	CWMA or County	Private	State	Federal (non-matching)	Total
Personnel						
Equipment						
Chemical						
Materials						
Travel						
Phone, Supplies						
Fiscal Administration						
Other						
Total						
Percent of Cost*						100%

\*See guidelines for matching requirements

Please forecast the amount of UDAF cash to be requested each quarter :

1st Quarter (Jul-Sep)	2nd Quarter (Oct - Dec)	3rd Quarter (Jan-Mar)	4th Quarter (Apr-Jun)	First Year Total

Quarterly financial reports will be due the first week of the quarter following each cash request and a final report will be due at year-end.

## Summary of Proposed Activities:

Total estimated acres to be treated:

Total estimated acres to be inventoried:

Total estimated acres to be rehabilitated:

Total estimated number of public contacts:

Other measurable achievements:

**Attachments: CWMAs must attach their cooperative agreement. Counties must attach their county weed plan. Other groups must attach their partnership agreement or other organizing document.**

# **Weed Control Actions**

**Long-term Goals:**

**Action Items for This Year (Brief description of overall program):**

## **Project Prioritization and Description**

**(If you are asking for funding for more than one project please prioritize them.)**

### **Early Detection Rapid Response, Control and Management, or Restoration Projects**

**Project Description:**

**Priority #                      Start date:                      End date:**

**Brief description of the situation, problem or need this project will remedy:**

**Number of acres to be treated, mapped, or restored/revegetated:**

**Tools/Equipment/Herbicides that will be used to accomplish this project:**

**What measurable outcomes will be accomplished by this project?**

**Total Project Cost:                      Applicant Match:                      Grant Request:**

(This section can be copied and filled out for each weed control project you are asking the UDAF to help fund)

### **Education/Prevention Projects**

**Project Description:**

**Priority #                      Start date:                      End date:**

**Description of the problem this project will remedy:**

**Methods you will use to accomplish the project:**

**What measurable outcomes will be accomplished by this project?**

**Total Project Cost:                      Applicant Match:                      Grant Request:**

(This section can be copied and filled out for each education/prevention project you are asking the UDAF to help fund)

## Quarterly or Final Report/Cash Request

(Due the first week of the quarter)

Date:  
Report ☐

Contract Number:

Quarterly Report ☐ Final

Name of Applicant:

Contact Name:

Phone:

Email:

Address:

Funds Request:

Total Project Funds Spent & Non-cash Contributions*			
UDAF	Matching Funds (No federal funds)	Federal (non- matching)	Total

\*Valued according to Utah standards

Number of Acres Treated:

Number of Acres Revegetated:

Number of Acres Mapped:

Number of Acres Monitored:

Other Measurable Activities:

Number of man-hours expended:

Equipment use hours:

Supplies used:

Other:

Please submit copies of receipts of cash paid for expenses billed to this project this quarter with this request/report

Please maintain the following records in your file:

- Receipts of cash paid for expenses billed to this project
- Records of all in-kind contributions to this project
- Utah standards for the value of in-kind contributions

**If this is a final request/report, please attach a brief narrative report of your activities and accomplishments, including photos, if available. This need be no longer than 1 paragraph.**